CLAIMS AS FILED - PART I (Column 1) (Column 2)  FOR NUMBER FILED NUMBER EXTRA  BASIC FEE 345.00 OR 5690.00  TOTAL CLAIMS minus 20e 545.00 OR 5690.00  TOTAL CLAIMS minus 3 = 5 OR 578e 590.00  MULTIPLE DEPENDENT CLAIM PRESENT  If the difference in column 1 is less than zero, epiter 'U' in column 2  CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)  FOR PRESENT PRESENTATION OF MULTIPLE DEPENDENT CLAIM  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	PATENT APPLICATION FEE DETERMINATION RECORD  Application & Doctor Number 0416581673												
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